## **2005 FOR PROFIT CORPORATION ANNUAL REPORT**

## May 02, 2005 8:00 am Secretary of State 05-02-2005 90390 009 \*\*\*150.00 DOCUMENT # P02000000161 R C H DOORS UNLIMITED INC Principal Place of Business Mailing Address 14012600 4852 NW 109 PL 4852 NW 109 PL MIAMI, FL 33178 MIAMI, FL 33178 CR2E034 (10/03) 04192005 No Chg-P DO NOT WRITE IN THIS SPACE 4 FEI Number Applied For 80-0023067 Not Applicable \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent CHROMICZ, RYSZARD DO NOT WRITE 4852 NW 109 PL MIAMI, FL 33178 IN THIS SPACE 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE Signature, typed or printed name of registered agent and tale if applicable. (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS 10. TITLE CHROMICZ NAME CHRONICZ, RYSZARD STREET ADDRESS 4852 NW 109 PL CITY-ST-ZIP MIAMI, FL 33172 TITLE NAME STREET ADORESS CITY-ST-ZIP TITLE NAMÉ. STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i). Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation of the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

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**FILED**